

# TAB "K"

## EXCERPTS FROM SUSAN STEWART, L.C.S.W. DEPOSITION



1 progressing as well as could be expected, at times  
2 better than could be expected, meeting treatment goals  
3 and doing things and processing well.

4 It is almost like when her son died, she was  
5 laying on the road dead with him. As therapy  
6 progressed, and we dealt with family grief issues and  
7 her own issues, her own grief issues, she was able to  
8 kind of stand up, and she was able to stand up. And  
9 as she got up and as she stood up, and as she was in  
10 the process of brushing herself off, saying, okay. I  
11 now know what I need to do. I need to put this all  
12 into my life somehow, there was the slam of the work-  
13 related incident; and when somebody gets knocked back  
14 down, it then creates much more of a chemical concern.

15 Q. Let me ask you this: You have dealt with both  
16 grief issues and victimization issues; is that  
17 correct?

18 A. Yes.

19 Q. And you have talked about the grief issues  
20 creates a chemical situation in the brain?

21 A. Yes.

22 Q. Would someone who is in a grief posture, as it  
23 were, in a grief situation, be more vulnerable to



1 victimization because of their particular state?

2 A. Absolutely, which I think is how this started  
3 happening here.

4 Q. Explain. I'm sorry. That is my favorite  
5 question.

6 A. That's okay. I was afraid, because you try to  
7 be careful in my shoes not to give -- not to answer  
8 more than what you are asked, and I was starting to do  
9 that, but you just asked me more about that; but my  
10 understanding of the situation is that Mr. Meade was  
11 approaching Valerie as a friend who had been through  
12 the same situation. He had also lost a son very  
13 tragically in an accident many years ago. He was  
14 aware of what she was feeling, must be going through,  
15 was offering some support and consolation, which is  
16 understandable.

17 And in the process of that, as he is hugging  
18 her, as he is consoling her, as he is able to cry with  
19 her and understand what she is going through, at some  
20 point in time, Valerie's report was that he then began  
21 to feel more for her, and she was becoming  
22 uncomfortable with it, but there is that problem of,  
23 "But this guy knows what I've been through," and it is



1 nice to be able to talk to somebody who truly  
2 understands, because many people don't understand.

3 People will say very callous things about, "You  
4 should be over this by now," or, "I don't understand  
5 why this is such a big deal," and she knew he would  
6 never say such things having been in that situation.

7 So even though she may have felt uncomfortable  
8 at some point in time, she may have -- I do not know  
9 this for a fact, but if you ask me in general terms,  
10 it makes you more vulnerable because you don't want to  
11 give that up.

12 But when it got beyond the point of hugging,  
13 and when it progressed to more, according to Valerie,  
14 that is when it became very uncomfortable, and then  
15 that is when it was no more a consolation to her.

16 Q. You were asked on direct examination about this  
17 issue about Valerie being hugged and an allegation  
18 about when this individual grabbed her buttocks and  
19 touched her buttocks --

20 A. Yes.

21 Q. -- and you were asked if you were aware that  
22 this had occurred 14 months before this was reported  
23 to you this, which I think was in the June meeting,



1 correct?

2 A. Yes.

3 Q. And you said you were not aware. Now my  
4 question is: Knowing what you know about grief,  
5 knowing what you know about victimization, knowing  
6 what you know about Valerie, are you surprised that  
7 she would wait 14 months to tell you that?

8 A. No.

9 Q. Can you explain why not?

10 A. Because it goes back to the whole idea of "If  
11 this happens, who is going to believe me? Am I going  
12 to be blamed? Did I do something wrong by accepting  
13 his hugs to begin with? Should I have seen it coming  
14 and done something?"

15 There is that sense of shame and guilt; and  
16 there is also the aspect of, "I can't deal with this  
17 right now, because I've got all of this other stuff  
18 that I'm already dealing with. Maybe if I just put it  
19 out of my system, it will go away." There is a denial  
20 phase.

21 There is a denial phase -- a sense of -- a bit  
22 of shock, "I don't know what to do with it. It's too  
23 much for me. I'm just going to suppress it." Not



1 repress it; suppress it. And that is very common  
2 where people do not come forward for a long time  
3 afterwards.

4 Q. And there will be some event, then, that would  
5 trigger her to bring it back out of suppression, I  
6 take it? If there were --

7 A. That is often the case, yes.

8 Q. In this particular case, I guess she did not  
9 bring that out on March 2nd, did she?

10 A. On March 2nd?

11 Q. 2003.

12 MS. COCHENOUR: March 3rd.

13 A. On March 3rd of 2003, I do not have down these  
14 things specifically happened. I have written down  
15 that he had more intense feelings for her than  
16 friendship.

17 Q. Now, I would like to go to June 3rd, 2003, and  
18 this is, I guess, you start crisis counseling.

19 A. Yes. This was a crisis counseling.

20 Q. And I take it from your earlier testimony today  
21 that she was in such a state that you physically could  
22 not recognize her? Is that what she meant?

23 A. Yes.



1 occur.

2 Q. Can we agree that from looking at your notes  
3 that this anxiety went on for some time; is that  
4 correct?

5 A. Yes. It continued to be present until she  
6 requested to be moved to a different building.

7 Q. All right. Now, I think you were asked about  
8 whether you were aware that there was one time that  
9 she actually saw Mr. Meade.

10 A. I am aware of one specific time. I don't  
11 recall being told of other times.

12 Q. Well, ma'am, if I -- would it be unusual for  
13 her to have all this anxiety over this substantial  
14 period of time of seeing Mr. Meade if she, in fact,  
15 only saw him one time?

16 MS. COCHENOUR: Objection to the use of  
17 the word "substantial."

18 Q. You can answer.

19 A. I would answer that as even if she had only  
20 seen him one time, there would still be cause for her  
21 to have anxiety about seeing him, absolutely, because  
22 he is still present in the building, and there is the  
23 concern that he would not abide by the restrictions



1 that were placed on him.

2 Q. Okay. You were going to say something else?

3 A. I was going to say I don't know whether this is  
4 a reflection of that question, but I know, you know,  
5 when you talk about did she only see him one time? I  
6 don't know the time frame of it, but I know there was  
7 a time, and it may have been before or after he was  
8 being told to stay away that he was seemingly  
9 frequently in places where she was that was out of his  
10 area of his own office.

11 Q. One other thing: In the Axis IV, I think prior  
12 to -- first of all, what is Axis IV, so we can  
13 establish that?

14 A. Axis IV are the stressors and the severity of  
15 them.

16 Q. Can we agree that prior to June 3, '03, there  
17 was nothing in Axis IV about victimization at work?

18 A. Correct.

19 Q. And then we see that from there until I believe  
20 it is 1-26-04, there are victim issues, grief and/or  
21 parenting throughout the Axis IV diagnoses on the  
22 progress notes; is that correct?

23 A. That is correct. Up until a certain period of